

Fax 206.684.1400

PRESENTATION REQUEST FORM

DATE REQUEST SUBMITTED:			
CONTACT PERSON:	PHONE:		
PRESENTATION DETAILS			
DATE: The campaign is from Oct 2 – Nov 30, 2	START ⁻ 006. Presentations are ava	FIME: ailable Sept 18 – Nov 30, 2006.	
LENGTH OF PRESENTATION: Please ensure a minimum of 10 minutes	PRESENTATION: AUDIENCE SIZE: a minimum of 10 minutes.		
DEPARTMENT:	DIVISION:		
LOCATION:	DAY-OF PHONE:		
PRESENTATION TYPE			
☐SPECIAL MEETING FOR CAMPAIGN	□spe	☐SPECIAL FUNDRAISER FOR CAMPAIGN	
☐ REGULAR OFFICE MEETING	☐ OTHER:		
☐ SHIFT CHANGE MEETING			
AUDIO/VISUAL RESOURCES A	VAILABLE AT SITE		
□TV	☐ LCD PROJECTOR	☐ FLIP CHART	
☐ DVD PLAYER	☐ OVERHEAD PROJECTOR		
☐ VHS PLAYER			
DIRECTIONS/PARKING INFORMAT	TION:	<u> </u>	
COMMENTS:			
	cipating nonprofit organiza	entations include an employee campaign tions. Presentation content will be tailored to ntact person.	
Complete and return via email, fax, or interoffice mail to: Mary Dzieweczynski King County Employee Giving Program EXC-ES-720 821 Second Avenue Seattle, WA 98104		Employee Giving Program use only cutive:Coordinator:profits:	
mary.dzieweczynski@metrokc.gov. Tel 206.263.6635	Con	firmation date:	